

3847

MARYLAND STATE DEPARTMENT OF HEALTH

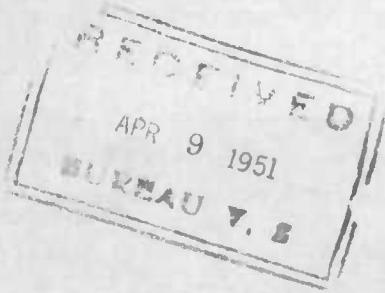
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

VS. A15
PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH. COUNTY KENT		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND	
CITY (If outside corporate limits, write RURAL and give nearest town) CHESTERTOWN, MARYLAND		LENGTH OF STAY (in this place) LIFE	
HOSPITAL OR INSTITUTION OR STREET ADDRESS NONE		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN, MARYLAND	
3. NAME OF DECEASED (Type or Print) CHARLES		4. DATE OF DEATH 4 2 1951	
(First) CHARLES		(Middle) ARTHUR	
(Last) BACON		(Month) 4	
5. SEX M		(Day) 2	
6. COLOR OR RACE W		(Year) 1951	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M		8. DATE OF BIRTH 11/6/1888	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		9. AGE last birthday 63 yrs.	
10b. KIND OF BUSINESS OR INDUSTRY AUTOMOBILES		11. BIRTHPLACE (State or foreign country) KENT COUNTY, MARYLAND	
13. FATHER'S NAME GEORGE F. BACON		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. b13-18-4946	
17. INFORMANT AND ADDRESS MRS. C. ARTHUR BACON		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) CORONARY THROMBOSIS			
Antecedent cause(s) (b) CORONARY ARTERIOSCLEROSIS & INSUFFICIENCY			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Did not attend , 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6 P.m. , from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED Frank Smith M. S. Chestertown Deputy Medical Examiner 4/3/57			
23. BURIAL, CREMATION REMOVAL (Specify) april 5-7		DATE THEREOF april 5-7	
NAME OF CEMETERY OR CREMATORIUM Chestertown		LOCATION (City, town, or county) Chestertown	
DATE REC'D BY LOCAL REG. april 5-1951		REGISTRAR'S SIGNATURE Clara S. Barnes	
24. FUNERAL DIRECTOR Edgar L. Lane Church Street		ADDRESS 490 667	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3848

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH COUNTY <i>Rent</i>		MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Millington</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Md.</i> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Millington</i> STREET ADDRESS <i>(If rural, give location)</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS					
3. NAME OF DECEASED (Type or Print)	(First) <i>Addie</i>	(Middle) <i>Clark</i>	(Last) <i>Dixon</i>	4. DATE OF DEATH	(Month) <i>April</i> (Day) <i>10</i> (Year) <i>1951</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Sept. 18, 1862</i>	9. AGE last birthday 98 yrs.	If under 1 year Months <i>88</i> Days <i>0</i> If under 24 hrs. Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>	11. BIRTHPLACE (State or foreign country) <i>Delaware</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>John Clarke</i>		14. MOTHER'S MAIDEN NAME <i>Sarah Clayton</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT AND ADDRESS <i>Cooper Dixon, Millington, Md.</i>	
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) <i>Myocardial Insufficiency</i> INTERVAL BETWEEN ONSET AND DEATH <i>3 mo</i> Antecedent cause(s) <i>due to</i> <i>Senile Myocarditis with arterio Sclerosis</i> <i>10 years (?)</i> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) <i>Arterio Sclerosis</i> 93d (c) <i>Arterio Sclerosis</i>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan. 1957</i> , to <i>10 Jan. 1957</i> , that I last saw the deceased alive on <i>10 Jan. 1957</i> , and that death occurred at <i>705 P.</i> m., from the causes and on the date stated above. SIGNATURE <i>Richard Colverneayle Clayton Del</i> DATE SIGNED <i>10 Jan. 1957</i>					
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE <i>April 13, 1957</i> NAME OF CEMETERY OR CREMATORIAL <i>Millington</i>		LOCATION (City, town, or county) <i>Millington</i> (State) <i>Md.</i>	
DATE REC'D BY LOCAL REG. <i>4/12/57</i>		REGISTRAR'S SIGNATURE <i>Edward Fellow</i>		24. FUNERAL DIRECTOR ADDRESS <i>Edward Fellow, Millington, Md.</i>	

RECEIVED
MAY 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3849

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY KENT		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE KOCK HALL		COUNTY KENT	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN RURAL ROCK HALL		LENGTH OF STAY (in this place) LIFE		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MD.		(If rural, give location) STREET ADDRESS TOLCHESTER Road	
HOSPITAL OR INSTITUTION OR STREET ADDRESS TOLCHESTER Road							
3. NAME OF DECEASED (Type or Print)		(First) David	(Middle) Benjamin	(Last) Joiner	4. DATE OF DEATH April 8		(Year) 1951
5. SEX M		6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED		8. DATE OF BIRTH 12/10/77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATERMAN		10b. KIND OF BUSINESS OR INDUSTRY WATER		11. BIRTHPLACE (State or foreign country) kent co, md.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME John Joiner				14. MOTHER'S MAIDEN NAME Louise Galloway			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 218-20-6257		17. INFORMANT AND ADDRESS DAUGHTER HAZEL CARTER ROCK HALL			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

153X Immediate cause

(a) CA OF INTESTINE

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(b) CHRONIC ENDO-MYO CARDITIS

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

NONE (BRONCHITIS)

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify) No	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY H	(CITY OR TOWN) ROCK HALL	(COUNTY) KENT	(STATE) MD
TIME (Month) OF INJURY	(Day) m.	(Year) 4/11/51	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov., 1950, to April 8, 1951, that I last saw the deceased

alive on April 7, 1951, and that death occurred at 7:20 A.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

a.a. Bergard

m.D. ROCK HALL, MD.

APRIL 12, 1951

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE THEREOF 4/11/51	NAME OF CEMETERY OR CREMATORIAL Wesley Chapel	LOCATION (City, town, or county) Rock Hall	(State) Md.
DATE REC'D BY LOCAL REG. 4/11/51	REGISTRAR'S SIGNATURE Edward Bongard	24. FUNERAL DIRECTOR Edgar L. Sime	Church Hill	ADDRESS 623546 Md.

RECEIVED

APR 20 1951

BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3850

CERTIFICATE OF DEATH

Reg. Dist. No. 2

M PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY TOWN	Kent Chestertown	MARYLAND (in this place) most of life	STATE COUNTY Maryland Kent
HOSPITAL OR INSTITUTION OR STREET ADDRESS		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown (rural)	
Broadneck section		STREET ADDRESS Broadneck	
3. NAME OF DECEASED (Type or Print)	(First) Edward	(Middle) --	(Last) Kinsey
4. DATE OF DEATH	(Month) (Day) (Year) April 13, 1951 19		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH
male	white	Married	Mar. 20, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
Farmer		Industry	Maryland
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Kinsey		Sarah Reynolds	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	
		17. INFORMANT AND ADDRESS	
		Mrs. Edward Kinsey Chestertown, Md Broadneck	

18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) <i>Organic heart trouble</i> Antecedent cause(s) (b) <i>Hyper tension</i> Diseases or conditions, if any, giving rise to the above cause (c) <i>stating the underlying cause last</i>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
444X				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
75c				
TIME (Month) (Day) (Year) (Hour) OF INJURY	PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN)		(COUNTY) (STATE)
yes	White at m. Work	Not White At work		

22. I hereby certify that I attended the deceased from 1-2, 1950, to 4-13, 1951, that I last saw the deceased alive on 4-12, 1951, and that death occurred at m., from the causes and on the date stated above.			
SIGNATURE <i>NP Bohland</i>	(Degree or title) ADDRESS <i>Bhestertown</i>	DATE SIGNED <i>Kent</i>	
23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county) (State)
Burial	April 16, 1951	Chester Cem.	Chestertown, Md.
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	
April 14-1951	Clara S. Barnes	ADDRESS	
J. Willis Wells - Chestertown, Md.			
100105			

RECEIVED

APR 17 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3851

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE			
Kent		Maryland			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)			
Rock Hall		all time			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS			
Main St.		—			
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) OF DEATH			
(First) Ernid		(Last) H. Sammons			
5. SEX Female		6. COLOR OR RACE white			
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH Aug. 2 1903			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Home			
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? Md			
Rock Hall Kent Co. Md		U. S. A.			
13. FATHER'S NAME Tilghman Hubbard		14. MOTHER'S MAIDEN NAME Della Jones			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 218-20-7898			
17. INFORMANT AND ADDRESS Home W. Sammons - Rock Hall		18. MEDICAL CERTIFICATION Cancerous stomach no history			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Cancerous stomach Antecedent cause(s) (b) no history Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 465 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH about one year	
19a. DATE OF OPERATION Feb 1957		19b. MAJOR FINDINGS OF OPERATION Carcinoma		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work m. Not While At work		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 20, 1957, to April 20, 1957, that I last saw the deceased alive on April 20, 1957, and that death occurred at 10:30 P.M., from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED Elmer E. Kenter Rock Hall					
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF May 3 1957		NAME OF CEMETERY OR CREMATORIAL Wiley Chapel Cem.	
DATE REC'D BY LOCAL REG. REC'D BY LOCAL		REGISTRAR'S SIGNATURE Elwood Braggs		LOCATION (City, town, or county) Rock Hall, Kent Co. Md ADDRESS	
REG.		24. FUNERAL DIRECTOR Marvin L. Williams - Chestertown, Md.		ADDRESS	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 10 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3852

CERTIFICATE OF DEATH

Reg. Dist. No 2021

1. PLACE OF DEATH CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		2. USUAL RESIDENCE (HOME) OF DECEASED CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS		
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	
4. DATE OF DEATH	(Month)	(Day)	(Year)	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	
Male	White	Widowed	Oct 14, 1862	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY	
Carpenter	Self Employed	Chestertown - md	U.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
no		no	Josie mench. Norton Md.	3 hours
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
<p>Immediate cause (a) Circulatory failure</p> <p>Antecedent cause(s) (b) Postpartum shock</p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Chronic myocarditis; hypertension.</p>				
12 hrs ?				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION				
4-29-57 Aorta cholesterolitis + cholelithiasis				
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
21. ACCIDENT (Specify) SUICIDE HOMICIDE				
PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)				
INJURY				
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-29, 1951, to 4-30, 1951, that I last saw the deceased alive on 4-30, 1951, and that death occurred at P.m., from the causes and on the date stated above. SIGNATURE M.J. Chestertown, Md. DATE SIGNED 5-1-51				
23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)				
5/3/1951 Chester cemetery Chestertown, Md. 5-1-51				
DATE REC'D BY LOCAL REG. May 2-1951		REGISTRAR'S SIGNATURE Clara S. Barnes.	24. FUNERAL DIRECTOR ADDRESS B. R. Fellows, Still Pond	
510246 Md.				

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

MAY 4 1951

FBI BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3853

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

1. PLACE OF DEATH. COUNTY		Kent		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE		Md.		COUNTY			
CITY (If outside corporate limits, write RURAL and OR give nearest town)		TOWN		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		TOWN		STREET (If rural, give location)			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Chestertown, Md.		life		Chestertown		Philosophers Terrace		Philosophers Terrace			
3. NAME OF DECEASED (Type or Print)		(First) ROBERT		(Middle) VERNON		(Last) MOFFETT		4. DATE OF DEATH		(Month) 4 / (Day) 13 (Year) 1951			
5. SEX		M		W		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH		9. AGE last birthday If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		meat cutter		Frozen Food Cooker		10b. KIND OF BUSINESS OR INDUSTRY		Aug. 10, 1890		60 yrs.		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME		Robert Moffett				14. MOTHER'S MAIDEN NAME		Clara Adelle Baldwin				12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service		no		16. SOCIAL SECURITY NO.		213-03-3008		17. INFORMANT AND ADDRESS		mrs. Robert V. Moffett. Same.			

18. MEDICAL CERTIFICATION											
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH											
Immediate cause		(a)		Uremia						3 days	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(b)		Chronic Pyelonephrosis						3 years	
920.0		93d		Arteriosclerotic Heart Disease						Years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY?	
21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY				(CITY OR TOWN)		(COUNTY)	
TIME (Month) OF INJURY		(Day)		(Year)		(Hour)		INJURY OCCURRED While at m. Work		HOW DID INJURY OCCUR? Not While At work	

22. I hereby certify that I attended the deceased from Nov. 1, 1950, to 4/13, 1951, that I last saw the deceased alive on 4/12, 1951, and that death occurred at 4 A.m., from the causes and on the date stated above.
 SIGNATURE ADDRESS DATE SIGNED

Robert E. Ensor, M.D. Chestertown, Md. 4/13/51
 23. BURIAL, CREMATION
REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county)
 Burial Apr. 15, 1951 Chester Cem. Chestertown, Md. (State)

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS
 April 13-1951 Clara S. Barnes J. Willis Wells-Chestertown, Md.
 644-527

SEARCHED

MAR 16 1957

BUREAU V. S.

3854

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
<i>Kent</i>		MARYLAND <i>Maryland</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		LENGTH OF STAY (In this place)	
<i>Chestertown</i>		<i>13 hrs.</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN	
<i>Kent and Queen Anne's</i>		<i>Rural - Chestertown</i>	
STREET ADDRESS		STREET ADDRESS	
<i>Flatland</i>		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
<i>Margaret Ann</i>		(Month) (Day) (Year)	
(First) (Middle)		<i>April 7 1957</i>	
5. SEX		6. COLOR OR RACE	
<i>Female</i>		<i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH	
<i>Widowed</i>		<i>March 15, 1881</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE last birthday	
<i>Housewife</i>		If under 1 year Months Days Hours Min.	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
		<i>Kent County, Maryland</i>	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?	
<i>Victor Hendrickson</i>		<i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	
<i>No</i>		<i>none</i>	
17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION	
<i>Hospital Records</i>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause		(a) <i>Coronary Occlusion</i>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(b) <i>Myocarditis</i>	
<i>120.1</i> <i>91a</i>		(c) <i>Hypertension</i>	
INTERVAL BETWEEN ONSET AND DEATH			
<i>30 min.</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>Acute cholecystitis & cholelithiasis</i>	
		<i>Common duct stones & choledochitis</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
<i>April 6, 1951</i>		<i>Antral cholangitis + cholelithiasis; and choledochitis & choledocholithiasis</i>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		20. AUTOPSY?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-6</i> , 1951, to <i>4-7</i> , 1957, that I last saw the deceased alive on <i>4-7</i> , 1957, and that death occurred at <i>9 A.M.</i> from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED			
<i>A.C. Dick</i>		<i>M.D. Chestertown, Md.</i> <i>4-7-57</i>	
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)	
<i>Burial</i>		<i>Apr. 9, 1957 Chester Cem.</i> <i>Chestertown, Md.</i>	
DATE REC'D BY LOCAL REG.		REG. NUMBER	
<i>April 8-1951</i>		<i>Clara L Barnes</i>	
REG. NUMBER		24. FUNERAL DIRECTOR ADDRESS	
		<i>J. Willis Wells - Chestertown, Md.</i>	

